



08/10/04

41

2614

PATENT
450110-02747

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Adrian Charles Paskins
Serial No. : 09/630,971
For : Data Broadcast Method
Filed : August 1, 2000
Examiner : James Sheleheda
Art Unit : 2614

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AUG 17 2004

Technology Center 2600

745 Fifth Avenue
New York, NY 10151

EXPRESS MAIL

Mailing Label Number: EV206806223US

Date of Deposit: August 9, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Barret Shindlman
(Typed or printed name of person mailing paper or fee)

[Signature]
(Signature of person mailing paper or fee)

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated May 7, 2004, please amend the above-identified

application as follows:

08/11/2004 JBALINAM 00000039 09603971

01 FC:1202

36.00 OP



PATENT
4501110-02747

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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450, Alexandria, VA 22313-1450
Sir:

745 Fifth Avenue
New York, NY 10151

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Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	25	Minus	= 23	2 ×	\$18(9)	= \$36.00
Independent claims	2	Minus	= 3	0 ×	\$86(43)	= \$.00
				Total additional fee for this amendment		\$ 36.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290 (\$145) has been previously paid __, or is paid herewith __.
- ☐ This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a __-month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of \$36.00 is attached, which covers the cost of ☒ additional claims __ petition for extension of time.
- ☐ Charge \$__ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Alexandria, VA 22313-1450.

Barret Shindlman
(Typed or printed name of person mailing paper or fee)

Bar Shindlman
(Signature of person mailing paper or fee)

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)

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